

Introduced by Senator Perata

February 21, 2003

An act to add Section 14005.26 to the Welfare and Institutions Code, relating to human services.

LEGISLATIVE COUNSEL'S DIGEST

SB 831, as introduced, Perata. Medi-Cal: plan enrollment eligibility.

Existing law provides for the Medi-Cal program, pursuant to which medical benefits are provided to public assistance recipients and certain other low-income persons, including disabled persons, as defined. The Medi-Cal program is funded by federal and state funds, and is administered by the State Department of Health Services. Federal financial participation, through the federal medicaid program, is contingent upon approval of the state plan for the provision of health services through the Medi-Cal program.

Existing law requires a Medi-Cal beneficiary to pay a share of costs related to the provision of benefits and services under the program under certain conditions.

This bill would authorize the department to undertake efforts to provide opportunities for voluntary enrollment in managed care plans and primary care case management plans for any individual who is eligible for benefits under the Medi-Cal program and who has an obligation to pay a share of the cost of the benefits. The bill would authorize the department to pursue all federal waivers and state medicaid plan amendments necessary to implement the plan, and, upon creation of an option for those beneficiaries to enroll in managed care plans, to take all necessary actions to inform beneficiaries of their right to enroll in managed care plans.



Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 14005.26 is added to the Welfare and
2 Institutions Code, to read:
3 14005.26. (a) Notwithstanding any other provision of law,
4 the department may undertake efforts to provide opportunities for
5 voluntary enrollment in managed care plans and primary care case
6 management plans for any individual who is eligible to receive
7 health benefits and services pursuant to Section 14005 and who has
8 an obligation to pay a share of costs pursuant to Section 14005.9.
9 (b) The department may pursue all federal waivers or state plan
10 amendments it deems necessary to allow beneficiaries with a share
11 of costs to enroll in managed care plans. However, inclusion of
12 these beneficiaries in managed care plans shall not increase the
13 cost the state would otherwise incur for those beneficiaries under
14 fee for service or otherwise affect the level of federal financial
15 participation.
16 (c) Upon creation of an option for share of costs beneficiaries
17 to enroll in managed care plans, the department shall take all
18 necessary actions to inform beneficiaries of their right to enroll in
19 managed care plans.
20 (d) Nothing in this section shall affect the inclusion of
21 Medi-Cal recipients in county-organized health systems.
22 (e) It is the intent of the Legislature that this section shall not
23 result in any additional net cost to the state.

